Medical Assistance Program Municipally Based Health Services Bulletin 3 August 1995

TO: Municipally Based Health Services Providers Participating in the Medical Assistance

Program

FROM: Bruce M. Bullen, Commissioner

RE: REMITTANCE ADVICE CHANGES

Introduction

Currently, the remittance advice dollar amounts for paid, adjusted, or denied claims reflect the total rate for services delivered to recipients. This requires providers to calculate the amount of federal share that will be returned to the municipality or regional school. Effective July 1995, the remittance advice will reflect that calculation for the provider. The remittance advice will now show the federal share amount available to the provider for services provided through the Municipal Medicaid Program.

In order to implement this change, it is necessary for providers to use the new federal share amount when billing services through the Municipal Medicaid Program. Use the new federal share amount for all claims billed after July 31, 1995, regardless of the date that the service was delivered.

It is not necessary for providers to correct claims that have already been submitted using the old rates. The system will record the appropriate amount for each claim.

The following chart depicts the new rates:

PROTOTYPE	CODE	DESCRIPTION	RATE
502.8	X7668	.8 Early Intervention	\$53.03/week
502.6	X7666	.6 Residential Placement	\$12.08/day
		and .5 Cost Share	
502.5	X7665	.5 Day Placement	\$22.32/day
502.4	X7664	.4 Separate Placement	\$12.19/day
502.3	X7663	.3 Public Day Program	\$ 5.58/day
502.2	X7663	.3 Public Day Program	\$ 5.58/day
502.1	X7663	.3 Public Day Program	\$ 5.58/day